

130593402797

TX2012

Ver. 3.0

05-102

(Rev. 9-11/30)

Tcode 13196

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

2F

JCAN

454

Taxpayer number

Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

13301547892

2012

Taxpayer name
MORPHOTRAK, INC.

Mailing address
2850 SAFRAN DRIVE

Secretary of State (SOS) file number or
Comptroller file number

City
GRAND PRAIRIE

State
TX

ZIP Code
75052

Plus 4

0009020606

☒ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
SAME AS ABOVE

Principal place of business
SAME AS ABOVE



1330154789212

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A Name, title and mailing address of each officer, director or member.

Name DANIEL VASSY	Title PRESIDENT & CEO	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name JEAN-YVES GUEDON	Title SENIOR V.P.	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name CLARK NELSON	Title SENIOR V.P.	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company MORPHO USA, INC.	State of formation DE	Texas SOS file number, if any N/A	Percentage of ownership 100.00
Registered agent and registered office currently on file. (see instructions if you need to make changes) Agent: CT CORPORATION SYSTEM		<input type="checkbox"/> Check box if you need forms to change the registered agent or registered office information.	
Office: 350 NORTH ST. PAUL STREET, STE 2900	City DALLAS	State TX	ZIP Code 75201

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Sign here X Mark G. ... SR. VP & Secretary	Title SR. VP & Secretary	Date 11/15/2012	Area code and phone number (972) 606-7108
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Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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2012

Taxpayer name
MORPHOTRAK, INC.

Mailing address
2850 SAFRAN DRIVE

City
GRAND PRAIRIE

State
TX

ZIP Code
75052

Plus 4

Secretary of State (SOS) file number or
Comptroller file number

0009020606

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Principal office

Principal place of business

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1330154789212

SECTION A Name, title and mailing address of each officer, director or member.

Name STEPHANE GUICHARD	Title V. P.	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name FLORIAN HEBRAS	Title VP, CFO & SECRETARY	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name KATIE MURPHY	Title ASST. SECRETARY	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: ☐ Check box if you need forms to change the registered agent or registered office information.

Office: City State ZIP Code

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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Sign here X *Mark G. [Signature]* Title Senior VP + Secretary Date 1/30/2013 Area code and phone number 972-600-7104

Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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130593402799

TX2012

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■ Taxpayer number

■ Report year

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13301547892

2012

Taxpayer name
MORPHOTRAK, INC.

Mailing address
2850 SAFRAN DRIVE

Secretary of State (SOS) file number or
Comptroller file number

City
GRAND PRAIRIE

State
TX

ZIP Code
75052

Plus 4

0009020606

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Principal office

Principal place of business

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1330154789212

SECTION A Name, title and mailing address of each officer, director or member.

Name JEAN-PAUL JAINSKY	Title CHAIRMAN	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name BERNARD DIDIER	Title DIRECTOR	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name ROBERT DIEGELMANN	Title DIRECTOR	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file. (see instructions if you need to make changes)			
Agent:	<input type="checkbox"/> Check box if you need forms to change the registered agent or registered office information.		
Office:	City	State	ZIP Code

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sign here ☒ [Signature] Title Senior VP & Secretary Date 1/30/2013 Area code and phone number 472-006-7104

Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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130593402800

TX2012

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Taxpayer number

Report year

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13301547892

2012

Taxpayer name
MORPHOTRAK, INC.

Mailing address
2850 SAFRAN DRIVE

Secretary of State (SOS) file number or
Comptroller file number

City
GRAND PRAIRIE

State
TX

ZIP Code
75052

Plus 4

0009020606

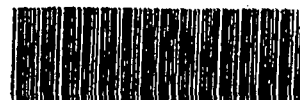
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Principal place of business

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1330154789212

SECTION A Name, title and mailing address of each officer, director or member.

Name ALEX FAIN	Title CHAIRMAN	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name MICHAEL KIRKPATRICK	Title DIRECTOR	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name KHUSHROW, PRESS	Title DIRECTOR	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052

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Sign here ☒ Mark G. [Signature] Senior VP + Secretary 1/30/2013 972-600-7104

Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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130593402801

TX2012

Ver. 3.0

05-102

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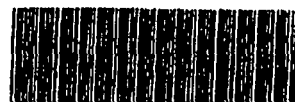
Taxpayer number 13301547892		Report year 2012	
Taxpayer name MORPHOTRAK, INC.			
Mailing address 2850 SAFRAN DRIVE			Secretary of State (SOS) file number or Comptroller file number 0009020606
City GRAND PRAIRIE	State TX	ZIP Code 75052	Plus 4

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Principal place of business

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1330154789212

SECTION A Name, title and mailing address of each officer, director or member.

Name PATRICK SAMIER..	Title CHAIRMAN	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name JOHN J. YOUNG, JR.	Title DIRECTOR	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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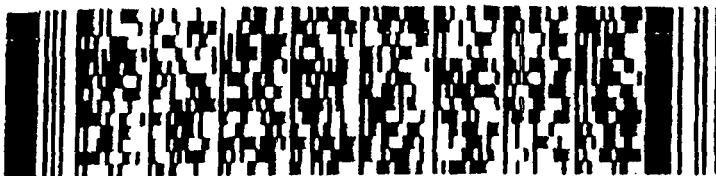
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Registered agent and registered office currently on file. (see instructions if you need to make changes)			
Agent:	City	State	ZIP Code
Office:	City	State	ZIP Code

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Sign here X	Title Senior VP & Secretary	Date 11/30/2013	Area code and phone number 972-600-7104
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VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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